

February 1996

Special edition:

•*Options Team Report*

# Clinical Center News

## Report details recommendations for CC's future

The Clinical Center should change the way it's governed, funded, and managed in order to provide a stable, efficient foundation for clinical research into the next century, according to recommendations contained in an extensive report to HHS Secretary Shalala released Feb. 9.

The report summarized findings of an Options Team with a mandate to evaluate how best to structure the Clinical Center and its operations. (See related story at right.) "The recommendations contained in this report will allow the Clinical Center to remain in the forefront of biomedical research into the new century," says Dr. John Gallin, CC director and a member of the team that examined and evaluated Clinical Center operations for nearly a year. "The recommendations in no way suggest that Clinical Center jobs are in jeopardy or that CC services will universally be contracted out."

Major recommendations contained in the Options Team report include:

- Develop a "clear and logical governance structure" to draw on the expertise of leaders from outside organizations and reflect the interests of CC clients, the institutes of NIH.

- Secure a clearly defined, separate budget for the CC, one that is as stable as the NIH budget as a whole.

### *The Options Team: Who they are and what they did*

It's been almost a year since HHS Secretary Donna Shalala convened a group of medical, scientific, and management experts to review how the Clinical Center carries out its business and come up with ways to improve.

Secretary Shalala tapped Dr. Helen Smits, deputy administrator of the Health Care Financing Administration, to chair the team.

"What we want to do here," Dr. Smits told those attending a CC town meeting in July, "is figure ways—and I'm just your consultant—to help you operate as efficiently and effectively as you can in the modern world. And that's my goal."

"The options team offers a productive means of reviewing the Clinical Center," adds Dr. John Gallin, CC director. "The team is made up of NIH clinical investigators and administrators along with support staff familiar with our mission."

Team members from NIH looked broadly at Clinical Center activities, including how the CC is governed and structured, strategic directions, and day-to-day management. The evaluation included a series of visits to other hospitals and government-owned organizations nationwide to see how other institutes deal with problems the Clinical Center now faces.

Internal team members are Dr. Alan Breier, NIMH; Dr. Gregory Curt,

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- Develop a strategic plan with clear and measurable objectives.

- Establish the Clinical Center as a "reinvention laboratory" to explore options to enhance efficiency and effectiveness, especially concerning procurement, personnel management, and use of operational savings.

The review was part of the Vice President's Reinventing Government

II initiative, designed to find ways to lower costs and improve the efficiency of government programs.

Dr. Gallin will distribute copies of the CC Reinvention Plan and discuss the Options Team recommendations during his annual address and awards ceremony on Feb. 29 at 2 p.m. in Masur Auditorium.

## Options Team examined how CC does business

*(Continued from the other side)*

NCI; Michael Goldrich and Dr. Steven Holland, NIAID; Dr. Christine Grady, NINR; Dr. Jeffrey Hoeg and Dr. Griffin Rodgers, NHLBI; Francine Little, OFM; Dr. Judith Vaitukaitis, NCRR; and Dr. John Gallin, Dr. David Henderson, Walter Jones, Dr. Harvey Klein, and Kathy Montgomery, CC. Dr. Ruth Kirchstein, NIH deputy director, is an ex-officio member.

External consultants to the team

are Dr. Greg L. Eastwood, SUNY Health Science Center; John J. Finan, Jr., Barnes Hospital; William B. Kerr, Medical Center and the University of California at San Francisco; Dr. Gloria Opirhory, John Dempsey Hospital, University of Connecticut; Dr. John W. Rowe, Mount Sinai Medical Center; Stephen C. Shimpff, University of Maryland Medical Center; Dr. Ralph Snyderman, Duke University; and Dr. Samuel O. Thier, Massachusetts General Hospital.

## Report outlines other suggestions

The Options Team Report also recommended the Clinical Center:

- Actively seek funding for a new facility that will be more efficient to operate while permitting more effective use of staff.
- Identify alternative strategies for

delivering individual services.

- Invest in integrated information systems that provide details on costs and human resources for managers.
- Adopt benchmarking, adapting proven ideas from other institutions.
- Strengthen patient recruiting.

## Options Team asked the tough questions

Among questions the Options Team focused on during their scrutiny of the Clinical Center were:

- Current Clinical Center mission. What is the CC's mission and what's the best way to measure success in meeting that mission?
- Vision for the future. How will the Clinical Center function a decade from now?
- Governance. How well does the CC's current governing structure serve its customers' interests, function effectively, and respond to change and hard choices?
- Information and reporting. What kind of information, training, and

administrative systems are necessary for efficient, cost-effective performance?

- Budgeting. What's the best way to measure CC management performance and fiscal control?
- Benchmarking. What can we learn from other institutions?
- Options as a federal entity. How do federal laws governing such areas as personnel, procurement, and contracting limit operational flexibility?
- Reinvention laboratories. Can the CC become a testing ground for "reinventing government" programs?

Clinical Center  
**News**

Editor: Sara Byars

Staff Writers: Laura Bradbard, Sue Kendall

*Clinical Center News, Building 10, Room 1C255, National Institutes of Health, Bethesda, Maryland 20892. (301) 496-2563. Fax: 402-2984. Published monthly for CC employees by the Office of Clinical Center Communications, Colleen Henrichsen, chief. News, article ideas, calendar events, letters, and photographs are welcome. **Deadline** for submissions is the second Monday of each month.*

